minority, and to set a precedent for future disasters that we would have to have this very argument.

Instead of the precedent being that we spend emergency funds for emergency situations, we now are in a situation where the minority is arguing a ridiculous ideological argument about how we pay for things during a time of a national emergency.

I am disappointed that the minority has brought up its objections and also sought to use my University of California, Riverside as part of this pawn. I just received a message from my chancellor correcting the position that they took on their public letter. They are the only university to submit such a detailed letter regarding the pay-for. No other university has sought to take that position. I have questions as to how my university reached a point where they issued such a letter so that it could be used on the floor. I now have a correction that was issued to me just hours before.

This is about America's veterans, and this is about serving America's veterans during an emergency situation in which 700,000 Americans have already died. I want to keep those veterans safe. I want to keep them in housing. And, yes, I believe it is appropriate to keep the precedent of using emergency funding and not have this silly political gamesmanship over the pay-for.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, paying for something and doing the job that we are supposed to be doing here is not political gamesmanship.

I said in my statement that I believe that we must continue to provide for these veterans, but it is our fiduciary duty to do it in the correct way. That is what I am asking for. I am also asking for it because that way we know it will move through the Senate and work in a bipartisan, bicameral manner to try to move it forward.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume. I will just reply that it is political gamesmanship. I hate seeing universities used as pawns in this game. I hate seeing our student veterans being used as pawns.

What is at stake here is the principle, the precedent that this Congress will pay for emergencies out of emergency funding. The need to help our veterans, who must take their classes remotely, pay for their housing because of the national emergency that we are still in, is part of a precedent that we need to preserve.

This is not a political game to me. This is about protecting our veterans. This is about protecting our Nation in the future.

The idea that when a national disaster, whether it occurs in the form of a hurricane, an earthquake, or some other calamity like a pandemic that has killed 700,000 Americans, that the principle stands that that is an emergency and that we as a Nation stand together as one American from whatever State we are in to help an American in another State, even though that disaster didn't happen in that State. But this disaster was omnipresent throughout our country. I don't understand the logic.

Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I encourage all of my colleagues to support the underlying bill that was discussed. I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I ask all my colleagues to join me in passing this very important legislation, H.R. 5603, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 5603, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PROTECTING MOMS WHO SERVED ACT OF 2021

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (S. 796) to codify maternity care coordination programs at the Department of Veterans Affairs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 796

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Protecting Moms Who Served Act of 2021''.

SEC. 2. DEFINITIONS.

In this Act:

(1) MATERNAL MORTALITY.—The term ''maternal mortality'' means a death occurring during pregnancy or within a one-year period after pregnancy that is caused by pregnancy-related or childbirth complications, including suicide, overdose, or other death resulting from a mental health or substance use disorder attributed to or aggravated by pregnancy-related or childbirth complications.

(2) POSTPARTUM.—The term ''postpartum'', with respect to an individual, means the one-year period beginning on the last day of the pregnancy of the individual.

(3) PREGNANCY-ASSOCIATED DEATH.—The term ''pregnancy-associated death'' means the death of a pregnant or postpartum individual, by any cause, that occurs during pregnancy or within one year following pregnancy, regardless of the outcome, duration, or site of the pregnancy.

(4) PREGNANCY-RELATED DEATH.—The term ''pregnancy-related death'' means the death of a pregnant or postpartum individual that occurs during pregnancy or within one year following pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

(5) RACIAL AND ETHNIC MINORITY GROUP.—The term ''racial and ethnic minority group'' has the meaning given that term in section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u–6(g)(1)).

(6) SEVERE MATERNAL MORBIDITY.—The term ''severe maternal morbidity'' means a health condition, including a mental health condition or substance use disorder, attributed to or aggravated by pregnancy or childbirth that results in significant short-term or long-term consequences to the health of the individual who was pregnant.

SEC. 3. SUPPORT BY DEPARTMENT OF VETERANS AFFAIRS OF MATERNITY CARE COORDINATION.

(a) PROGRAM ON MATERNITY CARE COORDINATION.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out the maternity care coordination program described in Veterans Health Administration Directive 1330.03.

(2) TRAINING AND SUPPORT.—In carrying out the program under paragraph (1), the Secretary shall provide to community maternity care providers training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions relating to the service of those veterans in the Armed Forces.

(b) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated to the Secretary $15,000,000 for fiscal year 2022 for the program under subsection (a)(1).

(2) SUPPLEMENT NOT SUPPLANT.—Amounts authorized under paragraph (1) are authorized in addition to any other amounts authorized for maternity health care and coordination for the Department of Veterans Affairs.

(c) DEFINITIONS.—In this section:

(1) COMMUNITY MATERNITY CARE PROVIDERS.—The term ''community maternity care providers'' means maternity care providers located at non-Department facilities who provide maternity care to veterans under section 1703 of title 38, United States Code, or any other law administered by the Secretary of Veterans Affairs.

(2) NON-DEPARTMENT FACILITIES.—The term ''non-Department facilities'' has the meaning given that term in section 1701 of title 38, United States Code.

SEC. 4. REPORT ON MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY AMONG PREGNANT AND POSTPARTUM VETERANS.

(a) GAO REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives, and make publicly available, a report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes for veterans.

(b) MATTERS INCLUDED.—The report under subsection (a) shall include the following:

(1) To the extent practicable—

(A) the number of pregnant and postpartum veterans who have experienced a pregnancy-related death or pregnancy-associated death in the most recent 10 years of available data;

(B) the rate of pregnancy-related deaths per 100,000 live births for pregnant and postpartum veterans;

(C) the number of cases of severe maternal morbidity among pregnant and postpartum veterans in the most recent year of available data;

(D) an assessment of the racial and ethnic disparities in maternal mortality and severe

maternal morbidity rates among pregnant and postpartum veterans;

(E) identification of the causes of maternal mortality and severe maternal morbidity that are unique to veterans, including posttraumatic stress disorder, military sexual trauma, and infertility or miscarriages that may be caused by service in the Armed Forces;

(F) identification of the causes of maternal mortality and severe maternal morbidity that are unique to veterans from racial and ethnic minority groups and such other at-risk populations as the Comptroller General considers appropriate;

(G) identification of any correlations between the former rank of veterans and their maternal health outcomes;

(H) the number of veterans who have been diagnosed with infertility by a health care provider of the Veterans Health Administration each year in the most recent five years, disaggregated by age, race, ethnicity, sex, marital status, and geographical location;

(I) the number of veterans who have received a clinical diagnosis of unexplained infertility by a health care provider of the Veterans Health Administration each year in the most recent five years; and

(J) an assessment of the extent to which the rate of incidence of clinically diagnosed infertility among veterans compare or differ to the rate of incidence of clinically diagnosed infertility among the civilian population.

(2) An assessment of the barriers to determining the information required under paragraph (1) and recommendations for improvements in tracking maternal health outcomes among pregnant and postpartum veterans who—

(A) have health care coverage through the Department;

(B) are enrolled in the TRICARE program (as defined in section 1072 of title 10, United States Code);

(C) have employer-based or private insurance;

(D) are enrolled in the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

(E) are eligible to receive health care furnished by—

(i) the Indian Health Service;

(ii) Tribal health programs; or

(iii) urban Indian organizations; or

(F) are uninsured.

(3) Recommendations for legislative and administrative actions to increase access to mental and behavioral health care for pregnant and postpartum veterans who screen positively for maternal mental or behavioral health conditions.

(4) Recommendations to address homelessness, food insecurity, poverty, and related issues among pregnant and postpartum veterans.

(5) Recommendations on how to effectively educate maternity care providers on best practices for providing maternity care services to veterans that addresses the unique maternal health care needs of veteran populations.

(6) Recommendations to reduce maternal mortality and severe maternal morbidity among pregnant and postpartum veterans and to address racial and ethnic disparities in maternal health outcomes for each of the groups described in subparagraphs (A) through (F) of paragraph (2).

(7) Recommendations to improve coordination of care between the Department and non-Department facilities for pregnant and postpartum veterans, including recommendations to improve—

(A) health record interoperability; and

(B) training for the directors of the Veterans Integrated Service Networks, directors of medical facilities of the Department, chiefs of staff of such facilities, maternity care coordinators, and staff of relevant non-Department facilities.

(8) An assessment of the authority of the Secretary of Veterans Affairs to access maternal health data collected by the Department of Health and Human Services and, if applicable, recommendations to increase such authority.

(9) To the extent applicable, an assessment of potential causes of or explanations for lower maternal mortality rates among veterans who have health care coverage through the Department of Veterans Affairs compared to maternal mortality rates in the general population of the United States.

(10) Any other information the Comptroller General determines appropriate with respect to the reduction of maternal mortality and severe maternal morbidity among pregnant and postpartum veterans and to address racial and ethnic disparities in maternal health outcomes for veterans.

(c) DEFINITIONS.—In this section, the terms ''Tribal health program'' and ''urban Indian organization'' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on S. 796.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of S. 796, the Protecting Moms Who Served Act of 2021, sponsored by Senator TAMMY DUCKWORTH. The House companion to this bill, H.R. 958, was championed by the gentlewoman from Illinois (Ms. UNDERWOOD) and unanimously passed the House this past May.

The Protecting Moms Who Served Act of 2021 will codify the maternity care coordination program that the Veterans Health Administration first established in 2012 and updated in a November 2020 policy directive. This will help ensure that veterans across the Nation receive high-quality, culturally competent healthcare throughout their pregnancies and immediately afterward.

The majority of veterans' maternity care is delivered by a contracted network of non-VA community providers. However, many veterans have coexisting medical or mental health conditions for which they receive ongoing care from VA providers. This means it is absolutely critical to ensure pregnant veterans' care is coordinated among all healthcare professionals involved in it. Such information sharing is crucial for patient safety and positive health outcomes—for parents and newborns.

In addition to codifying VA's maternity care coordination program, S. 796 will require the Department to provide training for community providers on the unique needs of pregnant and postpartum veterans and on behavioral health conditions related to service in the Armed Forces.

Today, women veterans are the fastest growing cohort in the veteran population, and more than 40 percent of women veterans using VA healthcare are of reproductive age. Black women serve in higher numbers and represent nearly one-third of women using VA for their healthcare.

In the population at large, Black, American Indian, and Alaska Native moms die from pregnancy-related complications at approximately three times the rate of White, Latina, Asian American, and Pacific Islander women, regardless of income or education levels.

However, little is known about whether pregnant and postpartum veterans have better, worse, or equal rates of maternal mortality compared to nonveterans. That is why S. 796 also mandates a U.S. Government Accountability Office study on maternal mortality and morbidity among pregnant and postpartum veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes for veterans.

Last year, approximately 6,000 veterans using VA became new moms. Moms who have served our Nation exemplify strength and resilience. Supporting moms means ensuring gender equity, and that begins with healthcare equity. I therefore ask my colleagues to join me in supporting final passage of S. 796, the Protecting Moms Who Served Act of 2021.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 796, the Protecting Moms Who Served Act.

This bill would require VA to improve the care that is provided to veterans who are pregnant. More and more women are volunteering to serve in the military and seeking services from VA as veterans.

As they grow their families, VA must provide them with high-quality, easy-to-access, pre- and postpartum care.

Strengthening services to women veterans is one of my priorities as the lead Republican on this committee, and I am proud to help do that by supporting this bill today.

I thank Illinois Senator TAMMY DUCKWORTH for sponsoring this bill on behalf of our fellow veterans. I urge my colleagues to support it today.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I have no further speakers. I am prepared to close, and I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I encourage my colleagues to support this bill. I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I ask all of my colleagues to join me in passing this important piece of legislation, S. 796, the Protecting Moms Who Served Act of 2021, and I yield back the balance of my time.

Ms. ADAMS. Mr. Speaker, I rise today to speak in strong support of the bipartisan legislation, Protecting Moms Who Served Act.

But before I do, I want to thank Congresswoman LAUREN UNDERWOOD for her leadership on this bill. I would also like to thank Senator DUCKWORTH and Representatives JULIA BROWNLEY, GUS BILIRAKIS, and BRIAN FITZPATRICK for their co-leadership.

Together, Congresswoman UNDERWOOD and I are the co-founders and co-chairs of the Black Maternal Health Caucus, as well as lead sponsors of the Momnibus—comprehensive legislation that addresses every dimension of the maternal health crisis in the United States.

And it gives me great joy to say that the Protecting Moms Who Served Act will be the first bill of the Momnibus to pass in Congress.

The United States continues to have the highest maternal mortality rates in the developed world. Women and birthing people of color die during or after pregnancy at 3 to 4 times the rates of their White counterparts.

For the nearly 2 million women Veterans, maternal health outcomes are not any better. Pregnant and postpartum women who served face unique maternal health risks that deserve our attention.

For example, the risk of pregnancy complications may be higher for women Veterans receiving maternity care through Veterans Affairs, since these women frequently have multiple medical conditions that can increase pregnancy complications.

Furthermore, it is suggested that military deployment may increase the risk of post-traumatic stress disorder or PTSD. A post-traumatic stress disorder diagnosis can increase the risk of spontaneous pre-term birth, preeclampsia, or gestational diabetes.

Women Veterans with more symptoms of PTSD or moral injury like shame, guilt, or demoralization, are also at greater risk for postpartum depression in the three years following the end of their military service.

More specifically a study on the impacts of PTSD or moral injury, found that one in two women Veterans who became pregnant during the study, had a negative pregnancy outcome.

These outcomes include postpartum depression or anxiety, miscarriage, obstetrical medical conditions, emergency c-sections, the baby's need for intensive care post-delivery, preterm birth, stillbirth, and ectopic or tubal pregnancy.

Our women Veterans have upheld their duty to serve and protect and, we as Members of Congress must do the same.

The Protecting Moms Who Served Act bill will codify and strengthen the Department of Veterans Affairs maternity care coordination programs to ensure Veterans receive the high-quality maternal health care and support they have earned.

This is a noteworthy advancement since maternity care coordination programs are associated with improved maternal and birth outcomes, increased use of beneficial health services, and decreased costs, especially among women with chronic or pregnancy-related physical or mental health conditions, or social vulnerabilities.

Additionally, this bill will commission the first-ever comprehensive study of America's maternal health crisis among women Veterans, with a particular emphasis on racial and ethnic disparities.

This study is needed to provide further understanding of the maternal health challenges experienced among women who served.

On May 12th, this legislation passed the house with unanimous bipartisan support.

Today, we are here to vote once more and finally send this bill to the President's desk, changing the lives of millions of women Veterans and their children.

Let's remember that strong and supportive healthcare for birthing people supports the future of our Nation by investing in the well-being of children and families.

And today's vote ensures a healthcare system for women Veterans that will offer the best maternal care available.

I am proud to see our progress towards ending maternal mortality and disparities among our moms who served. I look forward to continuing to address these issues in Congress as we examine and discuss the maternal mortality and morbidity issues that threaten our Nation.

To all my colleagues—lets pass the Protecting Moms Who Served Act for our women Veterans, their children, and their families.

What we do here today will live beyond our time in Congress and impact generations of women who serve.

It is time we make sure that Veterans, who have done so much for our country, receive the support and resources they need.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, S. 796.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. TAKANO. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

□ 1315

STUDENT VETERANS COUNSELING CENTERS ELIGIBILITY ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4233) to amend title 38, United States Code, to furnish Vet Center readjustment counseling and related mental health services to veterans and members of the Armed Forces using certain educational assistance benefits.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4233

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Student Veterans Counseling Centers Eligibility Act''.

SEC. 2. EXPANSION OF VET CENTER SERVICES.

(a) VETERANS AND MEMBERS USING EDUCATIONAL ASSISTANCE BENEFITS.—Section 1712A of title 38, United States Code, is amended—

(1) by striking ''clauses (i) through (vi)'' both places it appears and inserting ''clauses (i) through (vii)'';

(2) by striking ''in clause (vii)'' both places it appears and inserting ''in clause (viii)'';

(3) in subsection (a)(1)(C)—

(A) by redesignating clause (vii) as clause (viii); and

(B) by inserting after clause (vi) the following new clause:

''(vii) Any veteran or member of the Armed Forces pursuing a course of education using covered educational assistance benefits.''; and

(4) in subsection (h), by adding at the end the following new paragraph:

''(6) The term 'covered educational assistance benefits' means educational assistance benefits provided pursuant to—

''(A) chapters 30, 31, 32, or 33 of this title;

''(B) chapters 1606 or 1607 of title 10;

''(C) section 116 of the Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115–48; 38 U.S.C. 3001 note); or

''(D) section 8006 of the American Rescue Plan Act of 2021 (Public Law 117–2; 38 U.S.C. 3001 note prec.).''.

(b) GAO REPORT.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report assessing—

(1) the mental health needs of veterans pursuing a course of education using covered educational assistance benefits (as defined in section 1712A(h)(6) of title 38, United States Code, as added by subsection (a)); and

(2) the efforts of the Department of Veterans Affairs to address such mental health needs.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 4233.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 4233, the Student Veterans Counseling Centers Eligibility Act from Congressman MURPHY.

We all know that student veterans may face challenges as they begin this new phase of their lives following military service, and we want them to be able to seek and find support at vet centers.

We also encourage VA to continue monitoring the need for increased funding, staffing, and resources for vet centers as a result of demand for these services.

I urge all of my colleagues to vote ''yes'' on H.R. 4233, and I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.